FORM D

OMB Number: 3235-0076 Ausugt 31, 2008 Expires:

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hours per response

ORIGINAL

NOTICE OF SALE OF SECURITIES AUG 2 2 PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 FORM D

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REUTERS	TE RECEIV	ED

Name of Offering (☐ check ILF, Ltd.	if this is an amend	lment and name ha	s changed. and ind	icate chang	ge.)		
Filing Under (Check box(es)	that apply):	☐ Rule 504	☐ Rule 505	☑ Ru	le 506	☐ Section 4(6)	□ ULOE
Type of Filing:	☐ New Filing	☑ Amendment					
		A. BASIC II	DENTIFICATI	ON DAT	ГА	(
1. Enter the information requ	uested about the iss	suer					
Name of Issuer (□ check if t ILF, Ltd.	his is an amendme	nt and name has ch	anged, and indicate	e change.)	_	0805	8248
Address of Executive Office c/o Prime Management L HM 3348, Hamilton, HM	imited, Mechani	Number and Street cs Building, 12 C			Telephone 1(441) 29	Number (Including 5-0329	Area Code)
Address of Principal Busines (if different from Executive 0	Number (Including	Area Code)					
Brief Description of Busines Private Investment Fund							1 11 1 na
Type of Business Organization	☐ limit☐	rganization: 0 (Enter two-lette	be formed Month Year		Bermuda ctual iation for Sta	☐ Estimated	i o zuuli ian, co

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	•	A DACIC INDUCTION	CATION DATA			<u>.</u>
2. Enter the information requeste		A. BASIC IDENTIFI	CATION DATA			···
• Each promoter of the issuer,	_		ast five years;			
Each beneficial owner havin				% or more of a cla	ss of eq	uity securities of the
issuer;						
Each executive officer and d	irector of corporate	e issuers and of corporate	general and managing pa	rtners of partnersh	ip issue	ers; and
Each general and managing	partner of partners	hip issuers.				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	Ø	General and/or Managing Partner
Full Name (Last name first, if ind BlackRock Financial Manager		stment manager of lss	uer)			
Business or Residence Address 601 Union Street, 56 th Floor,	(Number and St	reet, City, State, Zip Code				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director of Issuer	0	General and/or Managing Partner
Full Name (Last name first, if ind Bontje, Norman D.	lividual)					
Business or Residence Address 601 Union Street, 56 th Floor		reet, City, State, Zip Codengton 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director of Issuer		General and/or Managing Partner
Full Name (Last name first, if ind Bender, Marie M.	lividual)					·
Business or Residence Address 601 Union Street, 56 th Floor	•	treet, City, State, Zip Codengton 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director of Issuer		General and/or Managing Partner
Full Name (Last name first, if inc Ellsworth, Robert S.	·	****				
Business or Residence Address 601 Union Street, 56 th Floor		treet, City, State, Zip Cod ngton 98101	e)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director of Issuer		General and/or Managing Partner
Full Name (Last name first, if inc McLean, Julie E.	lividual)	,				
Business or Residence Address Clarendon House, 2 Church	•	treet, City, State, Zip Cod IM666, Hamilton, HM (
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director of Issuer		General and/or Managing Partner
Full Name (Last name first, if inc Griffiths, Dawn	lividual)					*****
Business or Residence Address Clarendon House, 2 Church	•	treet, City, State, Zip Cod IM666, Hamilton, HM (
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if inc	lividual)					
Business or Residence Address	(Number and S	treet, City, State, Zip Cod	e)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B. IN	FORMA	TION AB	OUT OF	FERING				
1. Has	the issuer s	old, or does	the issuer in		to non-accr						Yes	No ☑
2. Wh	at is the min	imum invest	ment that w	ill be accep	ted from any	y individual	?			********	<u> </u>	,000,000
								*unless waived				
3 Doe	s the offerin	a nermit ini	nt ownershi	n of a single	unit?						Yes ☑	No □
4. Ente com a per state	er the infor imission or e erson to be l	mation requisimilar remuisted is an aname of the	ested for estimeration for ssociated per broker or contractions.	ach person solicitation rson or age lealer. If me	who has be n of purchas nt of a brok ore than five	een or will ers in conne er or dealer e (5) persor	be paid or ection with s registered vis to be liste	given, dire sales of secu with the SE	ectly or ind irities in the C and/or wi	lirectly, any offering. If th a state or as of such a		
	me (Last na			mormation		Cer or dealer	only.					
	plicable		,									
	s or Resider	nce Address	(Numb	er and Stree	t, City, State	e, Zip Code	- · · · · · · · · · · · · · · · · · · ·					
	f Associated		•	~ ~ *	,, ,	, —- , —	•					
	n Which Per											Ali States
(Cne	ck "All State	es" or check	ingiviquai s	states)							⊔	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
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	s or Reside		•	er and Stree	t, City, State	e, Zip Code)					
Name o	of Associated	l Broker or I	Dealer									
States i	n Which Per	son Listed F	las Solicited	or Intends	to Solicit Po	urchasers						
(Che	ck "All State	es" or check	individual S	States)			******************					All States
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
[RI] Full Na	[SC] me (Last na	[SD] me first, if in	[TN] ndividual)	[TX]	[עיר]	[VT]	[VA]	[WA]	[144 4]	[441]		[1]
Busines	ss or Resider	ice Address	(Numb	er and Stree	t, City, State	e, Zip Code)				· · · · · · · · · · · · · · · · · · ·	
										· · · · · · · · · · · · · · · · · · ·		
Name o	f Associated	l Broker or l	Dealer									
	n Which Per											
(Che	ck "All State	es" or check	individual S	States)							🛮	All States
[AL] [IL] [MT] [RII	[AK] [IN] [NE] ISC)	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM]	[CT] [ME] [NY] [VTI	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK} [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box □ and indicate in the columns below the amounts of the securities offered for exchange and				
	Type of Security		Aggregate Offering Price	Amo	ount Already Sold
	Debt	\$_	0	\$	(
	Equity	\$	0	\$	0
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	0	\$	(
	Partnership Interests	_			(
	Other (Specify) Class B Participating Non-voting Shares				·
	Total	-		\$	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Dol	ggregate lar Amount Purchases
	Accredited Investors			\$	14,046
	Non-accredited Investors	_	0	\$	0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	T		Type of	Dol	lar Amount
	Type of Offering		Security		Sold
	Rule 505	-		2_	0
	Regulation A			<u>\$_</u>	0
	Rule 504		N/A	\$	0
	Total	-	<u> </u>	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		_		0
	Accounting Fees		_	\$	0
	Engineering Fees		<u>-</u>	\$	0
	Sales Commissions (specify finders' fees separately)		_	\$	0
	Other Expenses (identify) Administrative/Custodial Fees /Director's Fees		_	\$	0
			_	\$	0
	Total				

 Enter the difference between the aggregate of Question 1 and total expenses furnished in redifference is the "adjusted gross proceeds to 				\$ <u>4,999,900,000</u>
5. Indicate below the amount of the adjusted gross proof for each of the purposes shown. If the amount for any check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to Pa	y purpose is not known, furnish an estimate and of the payments listed must equal the adjusted			
	•	Payments of Officers, Dire & Affiliate	ctors	Payments To Others
Salaries and Fees		□ \$	0_	□ \$ <u> </u>
Purchase of real estate		□ \$	0	□ \$ <u> </u>
Purchase, rental or leasing and installation of machi-	nery and equipment	□ \$	0_	□ \$ <u>0</u>
Construction or leasing of plant buildings and facilit	ies	□ \$	0_	□ \$ <u>0</u>
Acquisition of other businesses (including the value be used in exchange for the assets or securities of an	of securities involved in this offering that may other issuer pursuant to a merger)	□ \$	0	□ \$ <u> </u>
Repayment of indebtedness		□ \$	0	□ \$ 0
Working capital		□ \$	0	□ \$ <u> </u>
Other (specify) Investment in securities		□ \$	0_	☑ \$ <u>4,999,900,000</u>
Column Totals		□ \$	0_	☑ \$ <u>4,999,900,000</u>
Total Payments Listed (column totals added)		Ø	\$ <u>4,999</u>	,900,000
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accredited	sh to the U.S. Securities and Exchange Commiss investor pursuant to paragraph (b)(2) of Rule 50	ion, upon writte	n reque	5, the following st of its staff, the
Issuer (Print or Type)	Signature	20	Date Augus	t 11, 2008
ILF, Ltd.	a market		712522	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
By: BlackRock Financial Management, Inc., its investment manager	Investment Manager of Issuer			
mvestment manager	Title of Signer (Print or Type)			
Name of Signer (Print or Type)	Title of Signer (Trint of Type)			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

